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CONFIRMATION NO. 1674

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/578,406	03/21/2007 RULE	222	3754	Q94646

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**** CONTINUING DATA *******

This application is a 371 of PCT/FR04/50559 11/03/2004

**** FOREIGN APPLICATIONS *******

FRANCE 0313093 11/07/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

08/23/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		FRANCE	6	16	1
Verified and Acknowledged Examiner's Signature	JONATHAN K WOOD	Initials				

ADDRESS

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TITLE

Pump for Dispensing Fluid Products

FILING FEE RECEIVED 1160	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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